Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED BASIC FEE NUMBER EXTRA 385.00 BASIC FEE 770.00 OR Uminus 20= TOTAL CHARGEABLE CLAIMS XS 9= X\$18= 32H (OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER **PRESENT** ENDMENT RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE **Total** Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT ENT RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR 교 Minus Independent = X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	PATENT A	CATIO	N FEE DE	D	Application or Docket Number										
										W- 9634-01					
CLAIMS AS FILED - PART 1									SMALL ENTITY OR LARGE ENTITY						
(Column I) (Column 2)															
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE								 		1	OR		\$770.00		
	CFR 1. 16(40) AL CLAIMS		26	1 -in-	 s 20 =	• •	241	ł	<u> </u>		1				
(37 CFR 1. 16(C)) INDEPENDENT CLAIMS			26			 			<u>*</u>	N/A	OR	x 18.00 -	\$4,338.00		
(57	CFR 1. 16(b))		3 minus 3 =			<u> </u>			<u>*</u>	N/A	OR	x 86.00 =	\$0.00		
MULTIPLE DEPENDENT CLAIM PRESENT (77 CFR 1.16(q)) Yes									+	N/A	OR	+ 290.00	\$290.00		
• If the difference in column 1 is less then zero, enter "0" in column 2									TOTAL	N/A	OF	RTOTAL	\$5,398.00		
. CLAIMS AS AMENDED - PART 2									SMALL ENTITY OR LARGE ENTITY						
<u> </u>		(Col:	lumn 1) (C			column 2) (Column 3)									
4			AIMS			GHEST	<u> </u>			ADDI-			ADDI-		
Ė			INING TER			JMBER VIOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
鱼	!		DMENT			ID FOR	LAIRA			FEE			FEE		
AMENDIMENT	Total (37 CFR 1. 16(c))	.• .	,	Minus	• •	•	- 0		×	· N/A	OR	x	N/A		
	Independent (37 CFR 1. 16(b))	*		Minus	***		- 0		x	N/A	OR OR	x	N/A		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Yes								+	N/A	OR	+	N/A		
	<u> </u>								TOTAL		l	TOTAL	N/A		
										N/A	OR	ADDIT. FEE	IVA		
EXTENSION OF TIME - PART 3															
										SMALL ENTITY OR LARGE ENTITY					
	· · ·								Fill Only	1 Box		Fill Only	1 Box		
CTENSION OF TIME	Date Of		tened nse Due ate	Expected	9 · E	lumber Of Months Extension	Extension		# Months	Fee		# Months	Fee		
	Outstanding Office Action			Response Filing Date			Fee		Extension 1 (2251			Extension 1 (1251			
						Needed *		┞	Code)			Code)			
				:	╬				2 (2252 Code)		OR	2 (1252 Code			
					Ī				3 (2253			3 (1253			
TE						. 0		┞	Code) 4 (2254	===	OR	Code) 4 (1254			
X	*If Number of Months Extension Shown Does Not Reflect Calculation on								Code) 5 (2255		OR	Code) 5 (1255			
	Calendar Basis, Enter Correct Number Manually										OR	Code)			
	*.								TOTAL	\$0.00	OR	TOTAL	\$0.00		
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* If	the entry in colu the "Highest Nu	ımn l is l	ess than the	e entry in col	umn 2,	write "0" in o	column 3.								
"20".		IIIONI FIC	- iousiy F	mo rot 114 ti	. HO OF	110E 13 1533 U	rui sv, cilla								
***]	f the "Highest N	umber Pi	revionsly I	Paid For IN T	THIS SI	PACÈ is less	than 3 enter "V"		•						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "Y". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													.]		